

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554408

FILING DATE

05 OCT 2000

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
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13		/		/		
14		/		/		
15		/		/		
16	①	①	①	①		
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	2		/			
22	2		/			
23	2		/			
24	①		/			
25	R		/			
26	R		/			
27	R		/			
28	R		/			
29	/		/			
30	/		/			
31	/		/			
32	2		/			
33	①		/			
34	①		/			
35	①		/			
36	①		/			
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38	①		/			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	43	↶	36	↶	↶	↶
TOTAL CLAIMS	45		38			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					↶	↶
TOTAL CLAIMS					↶	↶